

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>PM</i>	<i>67414</i>	<i>12/30/58</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>32</i>	<i>1/5/59</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>[Signature]</i>	<i>1-14-59</i>

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 - Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
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44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original	
51	✓
52	✓
53	✓
54	✓
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56	✓
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100	✓

Claim	Date
Final Original	
101	✓
102	✓
103	✓
104	✓
105	✓
106	✓
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138	✓
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142	✓
143	✓
144	✓
145	✓
146	✓
147	✓
148	✓
149	✓
150	✓

If more than 150 claims or 10 actions, BEST AVAILABLE COPY
staple additional sheet here